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*Les Obsessions et la Psychasthénie.* Vol. I, par Pierre Janet; Vol. II, par Pierre Janet et F. Raymond. Paris, Felix Alcan, 1903.

This recent monumental work of Janet offers interesting and valuable problems to the psychologist, psychiatrist and general student of medicine. H. N. Gardiner, of Smith College, has given a critical review from the standpoint of pure psychology, and it seems opportune at the present moment that an analysis be forthcoming according to the tenets of psychiatry, for the work deals so exclusively with the borderland cases of mental disturbance. The psychasthenias are related on the one hand to the broad clinical complexes of hysteria and epilepsy and on the other to the fundamental psychoses. This type of borderland case is of increasing and paramount interest to the alienist, and a study so complete as is contained in these volumes, will bring forth points that will serve to more clearly elucidate these important problems. The second of these volumes is written in conjunction with Prof. Raymond, and in all there are extended clinical records of 236 cases, comprising the entire range of obsessions, impulses, mental manias, folies, tics, agitations, phobias and alphas, the different délires, the conditions of anxiety and distress, feelings of inadequacy, the peculiar feelings of strangeness and depersonalization, and the neurasthenic states, all of which have fundamental characteristics and are grouped under the title of psychasthenias. The analytical details relate principally to symptomatology and the evolution of the disease-processes.

Out of his clinical material, the author selects five cases, which he has studied with great care and detail. The other cases are grouped around these five which serve as types. These five cases, which must be read carefully before the text can be fully comprehended, are case 222, Obsessions of sacrilege and of disgrace of body, with erotic hallucinations, tic des efforts and feeling of incompleteness. Case 223, Obsession of contract with the devil, with numbness and feeling of inadequacy. Case 157, Hypochondriacal obsessions, masturbation, phobias, symbolic hallucinations, Case 166, Délire de maigreur in reaction to ideas of disgrace of the body, aboulia, crises of agitation and refusal of food. Case 171, Crises of sleep, feelings of inadequacy, disgrace of self, gastric atony, arthritis.

The first group to which the author turns his attention are the obsessions. These are intellectual phenomena of the highest order, an idea, and often, an idea which is very abstract and complicated. They are distinguished by their absence of usefulness in practical life; in fact, they are pathological and not normal ideas. They are divided into five classes; obsessions of sacrilege, crime, disgrace of body, disgrace of self and hypochondriacal ideas. These again have numerous subdivisions which are taken up in detail. In spite of their variation and multiplicity of symptoms, this group has common characteristics; thought is always directed to bad behavior, it relates to objects of the external world, to the feelings, or to the body of the patient himself. Extremes of behavior and reaction are always reached. There is always a strong tendency to action, but a very marked absence of execution, yet certain patients will perform acts having some relation to the obsessions, or even contrary acts may be the result of the dominating idea. In these obsessions the idea is stronger than the motor impulse, in other words there is always a coincident weakness of will. As these states endure for years and are unaffected by any method of treatment, by psychotherapy or otherwise, the condition of these patients is truly pitiful, for the permanent fixation of their ideas is very prominent and interferes with all their habits of daily life. The associated hallucinations are always vague, the visual image seems to be without

color and the words without sound; they have not the characteristic of exteriority, they lack reality, they are merely symbolic of the dominating idea. Even when these patients exert the stronger will power to keep away from these obsessions, yet frequently by the association of ideas, it is brought irresistibly back to them.

These obsessed patients show other phenomena, for, without any determinant idea, they are forced to think in an exaggerated manner, their head "works" in spite of them, they feel compelled to accomplish useless movements and have violent, irresistible emotions. These ideas may exist without any obsessions and they then constitute a group of symptoms more simple than the obsessions. This group is called the forced agitations, which are divided into the mental agitations, relating to interrogation, hesitation, deliberation, precision, symbolism, calculation, research, perfection, infinity, compensation, day dreams and feelings relative to time, such as the past and future. The motor agitations are the tics and the emotional agitations which comprise the states of anxiety, the phobias and algias. The tics are the *diffuse* motor agitations, the phobias and algias belong to the same group, but are more systematized. All the phobias have a disagreeable character, a certain vague, yet deeply rooted fear, while the algias, on the contrary, actually give a suffering of somatic pain in the performance of certain daily acts. Both of these have fundamental and common characteristics, they are developed as the result of sensations excited in certain parts of the body; probably in a region already hyperæsthetic. The states of anxiety are studied both from the standpoint of psychological analysis and the accompanying physiological phenomena, such as cardiac disorders, disorders of the respiration and intestinal tract, vertigo, various paræsthesias, nocturnal terrors and profuse perspiration. The crises of these forced agitations always begin at the occasion of a voluntary act, and with these are associated profound disorders of attention and varying emotional states. Conscience always remains clear during the crisis, but there is an irresistibility to the agitations and a feeling of satisfaction in their accomplishment. If there should arise a feeling of resistance, there always accompanies this more or less acute mental or physical pain until the act is accomplished.

The stigmata of these psychasthenic states are next studied and given minute analysis. These diverse stigmata are the sense of incompleteness in the motor, intellectual and perceptual fields, the symptoms of the narrowing of the field of consciousness as in hysteria, namely the anæsthesias, subconscious movements and the hypnotic sleep and finally the disorders of the will, intelligence and emotions. Certain abnormal physiological conditions invariably seem to accompany these phenomena, such as has already been mentioned under the states of anxiety. These multiple phenomena are, according to the author, the result of the "lowering of the psychological tension," just as hysteria was to him "a narrowing of the field of consciousness." In the evolution of the disease processes there are many factors as in all so-called functional disturbances, such as heredity, age, sex and certain physical states and normal conditions. The onset of the disease may also be variable on account of the protean symptomatology, while the course may be either acute, chronic, intermittent or in episodes. The treatment is both suggestive and medicinal and is directed to tonic and sedative medication, waking suggestion, re-education and "relief of the psychological tension."

*Les Lois Morbides De L'Association Des Idées*, Par M. PELLETIER, Paris, 1904, Jules Roussel.

The first chapter of this book deals in detail with the laws of the